

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY **DEPARTMENT OF SOCIAL SERVICES**

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



IMPORTANT NOTICE

GROUP HOME BIENNIAL RATE APPLICATION REQUIREMENTS
AID TO FAMILIES WITH DEPENDENT CHILDREN – FOSTER CARE (AFDC-FC)
PROGRAM, OCTOBER 2010 FILING

Dear Provider:

Providers are required to submit a group home rate application in accordance with Welfare and Institutions Code 11462 (3)(A). This letter serves as a courtesy reminder that your Group Home's biennial rate application is <u>due postmarked on or before</u> October 1, 2010. If your application is not postmarked by October 1, 2010, you will be assessed a penalty.

Pursuant to Manual of Policy and Procedures section 11-402.38, biennial rate applications not submitted on or before the due date of October 1 and applications that are incomplete are considered late applications and subject to a monthly monetary penalty equal to three (3) percent of the rate. The number of months of the assessed penalty will be based upon the number of months the rate application is late beginning on either the rate effective date (December 1, 2010) or the date the rate was reinstated (if terminated). To avoid late penalties, please be sure to submit your rate application **postmarked on or before October 1, 2010.**

Please use this link to access the Foster Care Rates Bureau, Biennial Rate Application Requirements website: http://www.childsworld.ca.gov/PG1359.htm

Please be advised that our office will be moving in September 2010. If you need assistance with your biennial rate application forms, or the above mentioned website, please contact your rates consultant by phone or by email prior to September 15, 2010. The phone numbers and email addresses are located here:

http://www.childsworld.ca.gov/Res/pdf/ConsultantsCntyAssListconve.pdf. After September 15, 2010, you can contact our main office number at (916) 324-4857. There will be a recorded message referring you to our new number, or you can contact your rates consultant via email. Consultants e-mail addresses will not change.

Singerely.

NANCY LITTLEFIELD, Manager

Foster Care Rates Bureau

COMPLETE BIENNIAL GROUP HOME RATE APPLICATION

A complete rate application must be submitted for each group home and Community Treatment Facility (CTF) program in operation. A complete rate application is one that contains all the required documents necessary to set the rate. Forms have changed to reflect submission of information for a biennial reporting period. This means that data is required for the corporation's prior two fiscal years. Please refer to the regulations and the instructions on the reverse side of each group home form when preparing the rate application. The instructions will assist you in completing the rate application package correctly. The forms and documents listed in Sections 1, & 2 are required for a complete group home program rate application.

SECTION 1: REQUIRED FORMS

A.	SR &	FCR forms:
		SR 1 - Group Home Program Rate Application with original signature.
		Please ensure that you complete items# 6c and 8b (EMAIL) on this form. Information regarding foster care rates will be sent out to providers with email addresses on file. To receive updated information, please print clearly and legibly.
		SR 2 - Program Classification Report –Two separate SR 2s are required for the previous two reporting periods. Use actual data, do not average or estimate. On Line 16 of the second reporting period, project your average points and RCL for the upcoming reporting period.
		New providers, who began operating in either the first or second reporting period, must report actual data from the date of first placement through the end of your reporting period(s).
		SR 5 - Group Home Program Days of Care Schedule – Two separate SR 5s are required. Use actual data from the two previous reporting periods, do not average or estimate.
		FCR 16- Self-Dealing Transaction Declaration – signed by the group home's Board President or authorized designee.

SECTION 2: OTHER REQUIRED DOCUMENTS

Ш	1.) A complete listing of the corporation's Board of Directors including full names, titles, mailing addresses and phone numbers.
	2.) Copy of All Community Care Licensing (CCL) licenses for all facility locations under each program.
	3.) Non Profit Declaration Statement: A statement signed and dated by all members of the Board of Directors;
	Note: A group home provider is to immediately notify FCRB if the group home ceases to operate on a nonprofit basis, becomes inactive, suspended, or otherwise is not in good standing with the Secretary of State.
	4.) A training plan for the corporation's next two reporting periods for each program for which the additional .10 weighting is claimed for child care workers and supervisors. If the training weighting was not claimed during the biennial rate periods, a statement to that effect must be included with the rate application;
	5.) A copy of the latest Statement of Information (SI 100) form filed with the California Secretary of State (SOS);
	6.) Copy of the Article of Incorporation endorsed by the Secretary of State;
	7.) Tax-Exempt status letter from either Franchise Tax Board (FTB) or Internal Revenue Service (IRS). Initial letter is sufficient if there has been no change in your tax exempt status;
	8.) Copies of all facility lease/rental agreements on all group home facilities (only if non-profit corporation rents or leases properties). If corporation owns properties, submit copy of deed with non-profit corporation's name on document). Corporation does not have to submit rental agreements; however, please indicate corporation owns properties on FCR 16 (item #4) form;
	9.) Current CCL-Approved Group Home Administrator's Certificate.

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PLEASE NOTE: If items #2, 6, and 7 (above) are already on file with our Department, you <u>do not</u> have to submit these documents again; however, please indicate on a cover letter that these items are on file and there have been no changes since last submission.

For RCL 13/14 Group Homes Only:

☐ RCL 13/14 Mental Health Certification ☐ Signed statement of accepting children w/IPC.

For online forms or samples please refer to the Foster Care Rates Bureau, Rate Application Requirement website located here:

http://www.childsworld.ca.gov/PG1359.htm

WHERE TO SEND APPLICATIONS

A complete rate application must be mailed to the attention of your rates consultant at the following address:

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
Foster Care Audits and Rates Branch
Foster Care Rates Bureau
744 P Street, M.S. 20-74
Sacramento, CA 95814